

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

25 Massachusetts Ave, NW

☐ (Check if address is changed)

Suite 600

Washington

CITY ▲

DC

STATE ▲

20001

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

ampaonline@ama-assn.org

Optional Second E-Mail Address

brian.mccabe@ama-assn.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

www.ampaonline.org

2. DATE

MM / DD / YYYY  
01 / 12 / 2015

3. FEC IDENTIFICATION NUMBER ►

C C00000422

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kevin Walker

Signature of Treasurer Kevin Walker

[Electronically Filed]

Date

MM / DD / YYYY  
01 / 12 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)